	I 42 (888	THE DIVISION						4977
FILED FEB	rg 1820	STANDARD C	CERTIFICAT	E OF DEA	ATH	State	File No	·
BIRTH NO		_ REG. DIST. NO/	149_ PRIMAR	Y REG. DIST.	NO. 10	OZ Regis	irar's No.	480
I. PLACE OF DEA	TEH .		2 US	UAL RESID	ENCE (W			
a. COUNTY	Jackson	า	, a. Sī	ATE Miss	- Anna	b. COL	NTV	-d.
b. CITY (If outside cor			GTH OF c. Ct	TY (ti nutside cor	SOULT Imite		<u> </u>	ckson
TOWN Kan:	sas City	township) STAY (in	n this place)	or Kans			id give cown	2 0 J.
		stitution, give street address of		REET DRESS		ive location)	3	80
INSTITUTION (	General E	Hospital #2	م م		19 Eas	st 14th	st.	·
3. NAME OF DECEASED	a. (First)	b. (Middle)	)	c. (Last)		4. DATE	(Month)	(Day) (Ye
(Type or Print)	Leonox	rd W. Pierce			ľ	of DEATHJar		
				E OF BIRTH	<del></del>	9. AGE (In year	1 <u>28</u>	1950
W-1- 2	N	7. MARRIED, NEVER MAI WIDOWED, DIVORCED	(Specify)	<b>··</b>		last birthday)	Months	Days Hours
Male	Negro	Single	Z Aug	30	1932 [		1 1	
IOa. USUAL OCCUPATIO done during most of workin	IN (Citye kind of work   life, even if retired)	10b. KIND OF BUSINESS	DUSTRY II. BIR	THPLACE (State	or foreign con	ntry)	I(I)	12. CITIZEN OF COUNTRY?
<u>None</u>		<u> </u>	Ke	nsas Ci	ity. 1	<u>Missour</u>	11	USA
Sa. FATHER'S NAME		136. MOTHER'S			14. NAME	OF HUSBANI	OR WIF	E
Willie :	Pierce	Orlola	Parker		]		<del>-</del>	
5. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES?   16. SOCIAL SI	ECURITY 17. IN	FORMANT'	SSIGNA	TURE OR N	AME	ADDRE
(Yes. no. or unknown) (If:	yes, give war or dates o	of service) NO	NO.	lola Pi				
IB. CAUSE OF DEATH			DICAL CERTIF	IOLE E	rar.ca	1918	Cast	INTERVAL BET
Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN		1	7 - 1	7/1			ONSET AND D
	DIDECTIVIES							
ine for (a), (b), and (c)	DINESTET LEADS	NG TO DEATH*(a)	nny	aro.				·\
	$\sim$		nan	aro.	e:	5/		
*This does not mean	ANTECEDENT	USES /	May	und	jic.	Hes	rep	
*This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CAM Morbid andilions, rise to the above can	USES  If any giving the 10 to use (a) stating	Khu	en i	tic.	Hes	ref	
*This does not mean the mode of dying, such to heart failure, asthenia, tc: It means the dis	ANTECEDENT CAM	USES  If any giving the 16 (b) use (a) stating se last.	Ani	en i	fic.	Hes	ref	. en grante
*This does not mean the mode of dying, such	ANTECEDENT CM Morbid conditions, rise to the above can the underlying caus	uses, if any giology to the total see last.  DUE TO (c)	Apri	en i	tic	Hes	ref	
*This does not mean the mode of dying, such as heart fallure, asthenia, stc: -It means the dis- case, injury, or complica-	ANTECEDENT CM Morbid conditions, rise to the above can the underlying caus  II. OTHER SIGNIFI	use (a) taiting  DUE TO (c)  ICANT CONDITIONS	Khu	en i	tie.	Hes	ref	
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rever-	se side of this certificate was embalmed by me, or by
	Student Embalmer No.
Corking under my nersonal supervision	/

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Student Embalmer